

**STATE OF LOUISIANA**  
**OFFICE OF FINANCIAL INSTITUTIONS**  
**BATON ROUGE, LOUISIANA**  
[www.ofi.state.la.us](http://www.ofi.state.la.us)

**APPLICATION REQUIREMENTS FOR LICENSURE**  
**REPOSSESSION AGENCY**

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All of the following documents **must** be submitted before this application will be accepted for filing and processing:

- ☐ A check or money order payable to the Office of Financial Institutions (cash will not be accepted) in the amount of \$1,500 for the Repossession Agency Licensee Fee. **Note:** All fees are nonrefundable.
- ☐ Completed, signed, and notarized application.
- ☐ Proof of membership in approved association (see definition LAC 10:XV.1301(A))
- ☐ Qualifying Agent must provide:
  - ☐ Proof of designation as a certified recovery specialist from a recognized national certification program as per LAC 10:XV.1303(C)(1)(g).
  - ☐ A legible copy of the Qualifying Agent's driver's license.
  - ☐ Evidence of 3 years experience with a repossession agency as per LAC 10:XV.1303(C)(1)(f).  
Each year of experience shall consist of at least 2,000 hours of actual compensated work performed by the applicant with a repossession agency preceding the filing of an application. An applicant shall substantiate the claimed hours of qualifying experience by providing an IRS form W-2 and the exact details as to the character and nature of duties by written certifications from the employer as per LAC 10:XV. 1303(F).
  - ☐ Certificate of Resolution designating the Qualifying Agent [**Attachment B**]
  - ☐ Authority form [**Attachment C**]
  - ☐ Employment and residential history [**Attachment D**]
- ☐ A copy of the surety bond or client protection bond as per LAC 10:XV.1303(B)(2).
- ☐ Financial Statement, including balance sheet and income statement, signed by an authorized officer.
- ☐ Proof of Liability Insurance as per LAC 10:XV.1303(B)(3).
- ☐ Agent for Service of Process and Acknowledgement, signed and notarized. [**Attachment E**]
- ☐ 2 copies of a Fingerprint Card for each person listed in Question 16.
- ☐ Separate applications for each Repossession Agent.

Contact person regarding completion of this application: Sandra Ledoux (225) 922-0638

Applications may be mailed or hand delivered to:

Office of Financial Institutions  
P. O. Box 94095  
Baton Rouge, LA 70804-9095

Office of Financial Institutions  
8660 United Plaza Boulevard – 2<sup>nd</sup> Floor  
Baton Rouge, LA 70809

**INSTRUCTIONS**  
**APPLICATION FOR LICENSURE REPOSSESSION AGENCY**

**This application will not be considered complete until this Office receives all fees and required information. Failure to provide all documentation will result in increased processing time and possible denial of the application.**

- No. 1 Full legal name of applicant. This is not an individual's name unless you are a sole proprietor. The name inserted on this line must be **identical** to the name filed with the Secretary of State from the state in which you are applying.
- No. 2 LAC 10:XV.1303(B)(5) states in part "No license shall be issued in any name other than its legal name". Trade names and assumed names are not allowed. (i.e. d/b/a)
- No. 3 Street address of the office location that will appear on the face of the license.
- No. 4 The mailing address of the applicant, if different from No. 3. If same, so state.
- No. 5 Main office phone number, fax number, web site and/or e-mail address.
- No. 6 Check the type of organization. Attach copies of Certificate of Authority, Articles of Incorporation or Organization, Partnership Agreement and Bylaws, whichever is applicable.
- No. 7 Insert the state in which the applicant was originally registered and date that the applicant was incorporated, organized or formed.
- No. 8 Out-of-state applicants must submit documentation evidencing that the company/entity is authorized to do business in this state. (Registration Certificate from the proper authority such as the Secretary of State)
- No. 9 Self-explanatory
- No. 10 Must be one of the approved associations (see LAC 10:XV.1301(A))
- No. 11 Complete name, address, and phone number of the Registered Agent for Service of Process. (Sole Proprietor's put "N/A.") Registered Agent must be a person located in this state.
- No. 12 Self-explanatory
- No. 13 Self-explanatory
- No. 14 Self-explanatory
- No. 15 List the states in which the applicant/registrant is conducting or has conducted similar business.
- No. 16 List the name, title (including Qualifying Agent), complete address, and percentage of ownership of each principal officer, director, manager, member, partner and all 10% or greater equity owners. Additional sheets may be copied and attached, if necessary. For purposes of this application, "equity owners" includes stockholders, members, partners, or limited partners that own equity in the business seeking licensure. If applicant is a subsidiary, list requested information for parent company. Qualifying Agent must be responsible officer or executive employee.
- No. 17 Self-explanatory
- No. 18 Information concerning the parent company, if the applicant is a subsidiary and an organizational chart.

**ALL ATTACHMENTS MUST BE SUBMITTED**

9/29/04		APPLICATION FOR LICENSURE		TYPE OF LICENSE: REPOSSESSION AGENCY	
1.	Full legal name of applicant <i>(attach secretary of state certificate from the state in which you are applying)</i> :				
2.	Trade name, dba, or assumed name of applicant, if applicable: <i>(attach registration documentation/certificate)</i> <b>N/A (see LAC 10:XV. 1303(B)(5))</b>			Fed. Tax I.D.#:	
3.	Principal office street address:				
	City:	State:		Zip Code:	
4.	Mailing address (street or post office box):				
	City:	State:		Zip Code:	
5.	Business phone number:		Business fax number:		
	E-mail address:		Web site: www.		
6.	Type of Organization: <input type="checkbox"/> Corporation  <input type="checkbox"/> Limited Liability Company (LLC)		<input type="checkbox"/> Sole Proprietorship  <input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Explain)
7.	State/Commonwealth of Incorporation:		Date of Incorporation/Organization:		
8.	If a foreign corporation or other type of legal entity, state the date that the entity filed with the proper state authority in which the applicant is applying. (e.g. secretary of state), if so required:				
9.	Physical address of location at which the official books and records of the applicant are kept:				
	City:	State:	Zip Code:	Phone No:	
10.	Name of Approved Association: <i>(attach a copy of the certificate) (see LAC 10.XV.1301(A))</i>				
	Address:				
	City:	State:	Zip Code:	Phone No.:	
11.	Registered agent for service of legal process: <i>(must be located in state/commonwealth in which you are applying)</i>				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No.:	
12.	Person authorized to answer questions pertaining to this application:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No.:	
	E-Mail Address:		Fax No.:		

13.	Person authorized to answer compliance issues:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
14.	Person authorized to answer consumer complaints:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
15.	List all states in which applicant is conducting or has conducted business related to this application: (attach list if necessary)				
	State or states in which business is/was conducted	Type of business conducted	Names under which applicant <u>is</u> or <u>has</u> operated	Original license date	Active or Inactive
16.	List all principal officers and title held (including the qualifying agent), directors, partners, members. (attach addendum if necessary)				
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
List all persons that have a 10% or greater equity interest not listed above.					
Name	Principal Office Address		% Ownership		
Name	Principal Office Address		% Ownership		
Name	Principal Office Address		% Ownership		

17.	Read the following questions carefully. If the answer is yes to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.		
A.	Are there any civil or criminal proceedings pending against the applicant <u>or</u> civil or criminal convictions, plea of nolo contendere or plea to lesser charge entered against the applicant that involve theft, fraud, dishonest dealings or moral turpitude?	( ) Yes, attach explanation ( ) No	
B.	Is/has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	( ) Yes, attach explanation ( ) No	
C.	Has any other state or federal government agency denied the applicant a license or permit?	( ) Yes, attach explanation ( ) No	
D.	Is/has the applicant been the subject of any administrative action or enforcement proceeding by any state or federal government agency involving fines, penalties, or the revocation or suspension of any business license or permit?	( ) Yes, attach explanation ( ) No	
18.	Is applicant a subsidiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Parent company name:		
	Mailing address:		
	City:	State:	Zip Code:
	If applicant's parent company is a corporation, state where and when incorporated.		
	State Incorporated:	Date Incorporated:	
<b>IN ADDITION TO ALL OF THE ABOVE, APPLICANT MUST SUBMIT THE FOLLOWING ATTACHMENTS:</b>			
A.	Certificate of Resolution form stating who can sign official documents on behalf of applicant.(See Attachment A)		
B.	Certificate of Resolution form designating the Qualifying Agent.(See Attachment B)		
C.	Authority to Obtain Information from Outside Sources on each person listed in question #16(See Attachment C)		
D.	A current 10-year employment/experience form(See Attachment D) and the Residence addresses for the last 10 years for everyone listed in #16 and sole proprietors.(See Attachment D)		
E.	Agent for Service of Process and Acknowledgment (See Attachment E)		
F.	Financial Statement on the applicant to include balance sheet, Profit & Loss statement and changes in equity capital.		
G.	Copies of one of the following, whichever is applicable: <ol style="list-style-type: none"> <li>1. Certificate of Good Standing from the Secretary of State or other state authority in which the applicant was originally incorporated or organized.</li> <li>2. If applicant is a corporation, provide a copy of Articles of Incorporation, including amendments.</li> <li>3. If applicant is a Limited Liability Company (LLC) provide a copy of the Articles of Organization and operating agreement.</li> <li>4. If applicant is a general partnership or a Limited Liability Partnership (LLP) provide a copy of the Partnership Agreement.</li> </ol>		

# APPLICATION AFFIDAVIT

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Company

By:

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Print Name and Title

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**STATE OR COMMONWEALTH OF** \_\_\_\_\_  
**COUNTY /PARISH OF** \_\_\_\_\_

\_\_\_\_\_ personally came and appeared before me, the undersigned  
(authorized person above)

notary, and declared under oath that she/he is the \_\_\_\_\_ of  
(Title)

\_\_\_\_\_, that she/he is authorized to sign and submit the attached  
(Name of Company)  
application and that all statements and representations made therein are true and correct to the best of  
his/her knowledge, information and belief.

\_\_\_\_\_  
Signature of the authorized person

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name of Notary Public

(Seal)

My Commission Expires: \_\_\_\_\_

## CERTIFICATE OF RESOLUTION

*This form must be completed by all applicants, except sole proprietors,  
and must include the applicant's full name.*

This is to certify that at a ☐ Regular or ☐ Special meeting of the ☐ Board of Directors/or  
☐ Members/ or ☐ Partners of \_\_\_\_\_  
Name of applicant/company  
organized under the laws of the State / Commonwealth of \_\_\_\_\_ held at  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street address City State Zip Code  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the following resolution was  
duly and legally presented and adopted, to wit:

It being the desire and purpose of \_\_\_\_\_  
Name of applicant/company  
to be licensed or registered, BE IT RESOLVED, that \_\_\_\_\_  
Name and title of authorized representative  
who is the \_\_\_\_\_ of this ☐ limited liability company, ☐ corporation,  
Title of authorized person  
☐ limited partnership, or ☐ general partnership is, in his/her official capacity, hereby authorized  
and directed to prepare, execute, verify, and present to the proper state authorities, for filing, a written  
application for licensure or registration. Further, he/she is hereby authorized and empowered to make, sign  
and execute all documents pertaining to the application and to perform every act whatsoever as required to  
file the application on behalf of \_\_\_\_\_.  
Name of applicant/company

### AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Secretary)

\_\_\_\_\_  
Print Name

TITLE : \_\_\_\_\_

DATE: \_\_\_\_\_

## CERTIFICATE OF RESOLUTION DESIGNATING THE QUALIFYING AGENT

*This form must be completed by all applicants, except sole proprietors,  
and must include the applicant's full name.*

This is to certify that at a ☐ Regular or ☐ Special meeting of the ☐ Board of Directors/or  
☐ Members/ or ☐ Partners of \_\_\_\_\_  
Name of applicant/company  
organized under the laws of the State / Commonwealth of \_\_\_\_\_ held at  
\_\_\_\_\_  
Street address City State Zip Code

on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, the following resolution was  
duly and legally presented and adopted, to wit:

It being the desire and purpose of \_\_\_\_\_  
Name of applicant/company  
to be licensed or registered, BE IT RESOLVED, that \_\_\_\_\_  
Name and Title of authorized representative  
has been designated as the **Qualifying Agent**.

### AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Secretary)

\_\_\_\_\_  
**Print Name**

**TITLE :** \_\_\_\_\_

**DATE:** \_\_\_\_\_



## Attachment [C]

**AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES****THIS FORM MUST BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 16**

Name:	Social Security #:
	Drivers License #: (Attach a legible copy)
Home Address, City, State, Zip Code:	
Date of Birth:	Home Telephone No:
Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.	
Have any civil judgments been entered against you during the past 10 years?	( ) Yes, attach explanation ( ) No
Are there any civil proceedings pending against you or civil judgements entered against you which involve fraud or dishonesty?	( ) Yes, attach explanation ( ) No
Have you been convicted of or entered a plea of Nolo Contendere to a felony, notwithstanding that the conviction was expunged, set aside or you received a first offense pardon?	( ) Yes, attach explanation ( ) No
Have you ever been convicted of or entered a plea of Nolo Contendere to any misdemeanor involving theft, fraud, or dishonesty?	( ) Yes, attach explanation ( ) No
Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	( ) Yes, attach explanation ( ) No
Have you been refused a license or permit to do business under the provisions of a similar law or subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business license or permit, fines or penalties?	( ) Yes, attach explanation ( ) No
Have you been subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business, fines or penalties?	( ) Yes, attach explanation ( ) No
Have you been discharged for cause or been requested to resign from any employment position?	( ) Yes, attach explanation ( ) No
I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.	
I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.	
_____ Signature	
SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.	
AT: _____, (CITY) (STATE or COMMONWEALTH)	
PRINT NAME OF NOTARY PUBLIC:	SIGNATURE OF NOTARY PUBLIC:

**Attachment [D]****EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager, qualifying agent and 10% or greater equity owner of applicant must fill out this form. Explain any gaps in work history. (*Attach additional sheets, if necessary*)

NAME: \_\_\_\_\_

Employer Name and Address	Position/Brief Description of Duties	Start Date	End Date	Reason for Leaving

**LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager, qualifying agent and each 10% or greater equity owner of applicant must fill out this form. (*Attach additional sheets, if necessary*)

NAME: \_\_\_\_\_

Residential Address	Start Date	End Date

**Attachment [E]**

**AGENT FOR SERVICE OF PROCESS AND ACKNOWLEDGEMENT**

(For Corporations, LLCs, and all Out-of-State Entities)

**Louisiana** Agent for Service of Legal Process:

- (a) Name of Agent: \_\_\_\_\_
- (b) Business Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- (c) Business telephone number: (\_\_\_\_\_) \_\_\_\_\_

I hereby acknowledge and accept the appointment of registered agent for and on behalf of

\_\_\_\_\_  
Name of Licensee

Signed by: \_\_\_\_\_  
Registered Agent or Authorized Representative

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Should the licensee/registrant change its Agent for Service of Process, a new  
acknowledgement form reflecting such change is required to be submitted to this Office.**